

PUBLIC HEALTH BRIEFING

RHODE ISLAND DEPARTMENT OF HEALTH

DAVID GIFFORD, MD, MPH, DIRECTOR OF HEALTH

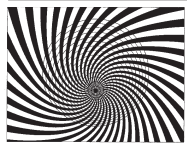
EDITED BY JAY S. BUECHNER, PHD

REQUIREMENTS FOR LICENSURE OF PHYSICIANS IN RHODE ISLAND

State regulations state:

"Every physician licensed to practice allopathic or osteopathic medicine in Rhode Island under the provision of the Act and the regulations herein, shall on or before the first day of June of every even-numbered year after 2004, on a biennial basis, earn a minimum of forty (40) hours of AMA category 1/AOA category 1a continuing medical education credits and shall document this to the board.

"Said continuing medical education shall include a minimum of two (2) hours related to current information on any one or more of the following topics: universal precautions, infection control, modes of transmission, bioterrorism, OSHA, ethics, end-of-life education, palliative care, pain management, and other regulatory requirements."



IMAGES IN MEDICINE

A CASE OF HYPERTROPHIC NERVE ROOTS

MICHELLE MELLION, MD, AND JAMES GILCHRIST, MD

A 37 year-old woman with a long history of a slowly progressive, asymmetric, sensorimotor neuropathy thought to be either **Charcot Marie Tooth (CMT)** type 2 or **Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)** had an MRI of the lumbar spine which showed multiple hypertrophic nerve roots. (Figure)

Hypertrophic nerve roots have been reported in CIDP and CMT type 1, both of which can also produce hypertrophic peripheral nerves.¹⁻³ Hypertrophy of nerves and nerve roots is not known to be associated with CMT type 2. Hypertrophic neuropathy can be seen in 11% of patients with CIDP.³ This complication usually occurs after a long relapsing and remitting course and is thought to result from repeated bouts of remyelination. The incidence of nerve root hypertrophy is unknown in hereditary neuropathies.

REFERENCES

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2. Kretzer RM, Burger PC, Tamargo RJ. Hypertrophic neuropathy of the cauda equina. *Neurosurg* 2004; 54:515-8.
3. Pytel P, Rezanian K, et al. Chronic inflammatory demyelinating polyradiculopathy with hypertrophic spinal radiculopathy mimicking neurofibromatosis. *Acta Neuropathol* 2003; 105:185-8.

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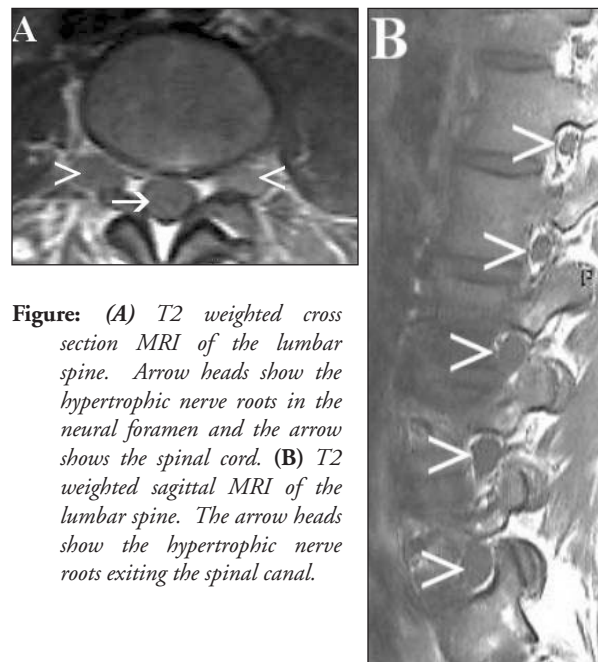


Figure: (A) T2 weighted cross section MRI of the lumbar spine. Arrow heads show the hypertrophic nerve roots in the neural foramen and the arrow shows the spinal cord. (B) T2 weighted sagittal MRI of the lumbar spine. The arrow heads show the hypertrophic nerve roots exiting the spinal canal.